

**BY ORDER OF THE COMMANDER
47TH FLYING TRAINING WING**



**AIR FORCE OCCUPATIONAL SAFETY AND
HEALTH STANDARD 48-137**

**LAUGHLIN AIR FORCE BASE
Supplement**

30 APRIL 2013

Aerospace Medicine

RESPIRATORY PROTECTION PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 47 MDOS/SGOJ

Certified by: 47 MDOS/CC
(Lt Col Wendy J. Beal)

Supersedes: LAUGHLINAFBI 48-137,
23 May 2008

Pages: 4

This supplement implements and extends the guidance of Air Force Occupational Safety and Health Standard 48-137, Respiratory Protection Program, 10 February 2005. This publication implements and establishes guidance, procedures, and responsibilities for conducting the Respiratory Protection Program (RPP) at Laughlin Air Base. This supplement applies to all U.S. Air Force military and civilian personnel on Laughlin AFB. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afrims/afrims/>.

SUMMARY OF CHANGES

This document is substantially revised and should be completely reviewed. It has been converted from a wing instruction to a supplement of the AFOSH STD.

2.8.13. **(Added)** Contact the BE Flight as needed for information and guidance regarding respiratory protection. In case of emergency after duty hours, a Bioenvironmental Engineering (BE) Flight representative may be reached through the Command Post.

2.8.14. **(Added)** Maintain a RPP binder that is readily available to all personnel in the workplace. This binder must include, as a minimum, the following:

2.8.14.1. **(Added)** AFOSH Standard 48-137, Respiratory Protection Program.

2.8.14.2. **(Added)** This supplement (AFOSHSTD 48-137 LAFBSUP1).

2.8.14.3. **(Added)** OSHA Standard 29 CFR 1910.134, Respiratory Protection.

2.8.14.4. **(Added)** Workplace specific RPP OI (approved by BE).

2.8.14.5. **(Added)** Training plans (specific to required use, voluntary use, escape and issuers, if applicable).

2.8.14.6. **(Added)** All current BE survey letters that validate the use of respiratory protection (if applicable).

2.8.14.7. **(Added)** Copies of breathing air sample results if compressed or liquid breathing air is used (if applicable).

2.8.14.8. **(Added)** T.O. 42B-1-22, Quality Control of Compressed and Liquid Breathing Air, (if applicable).

2.8.14.9. **(Added)** Certificate of each individual's fit-test and medical clearance letter (certificates may also be kept in the individual's training folder). Medical records may not be maintained in the RP binder.

2.8.15. **(Added)** Verify that used respirator cartridges/canisters/filters are disposed in accordance with applicable federal, state, and local environmental regulations; contact 47 CES/CEAN or BE for assistance.

2.8.16. **(Added)** For respirator parts not requiring special disposal, all parts removed and replaced in the course of routine maintenance (i.e. cartridges, valves) must be rendered unserviceable before discarding. Valves must be ripped in half and cartridges crushed.

2.8.17. **(Added)** Within 30 days of receiving notice, provide BE, in writing, a plan of action to resolve any discrepancies identified during the annual workplace RPP review. The workplace will again notify BE in writing when the discrepancies have been resolved and closed.

2.8.18. **(Added)** Direct workers to the 47th Medical Operations Squadron, Optometry Clinic (47 MDOS/SGOO), if corrective lenses are needed while wearing a full-face respirator. Provide the worker with the necessary system or kit for mounting the corrective lenses into the BE-approved respirator. The system or kit is unique to each manufacturer's equipment and must be ordered along with the worker's respirator from base supply. Workers must bring a current prescription to the Optometry Clinic. The worker's unit is responsible for the cost of respirator corrective lenses.

2.9.10. **(Added)** Hand-carry the medical clearance letter from Flight Medicine to BE for their fit test. BE will NOT fit test any personnel without first receiving medical clearance.

2.9.11. **(Added)** Hand-carry the medical clearance letter and the QNFT record to their supervisor for maintenance in the RP binder.

2.12.6.15. **(Added)** Provide assistance, as required, to procure respirators. BE will assist by identifying specific replacement cartridges, model and part numbers, National Stock Number, etc.

2.12.6.16. **(Added)** Maintain records of all personnel industrial hygiene QNFT records in the approved ESOH-MIS (i.e., DOEHRs). If the hard copy record is lost, ESOH-MIS documentation may be used as proof of QNFT completion. If a QNFT record cannot be located (electronic or hard copy), BE personnel will administer a new fit test for the individual.

2.12.7. **(Added)** Conducts QNFT training for Fire Department personnel on the J-FIRE along with the Joint Service General Purpose Mask, if needed.

2.14.5. **(Added)** Give the signed back page of the medical evaluation questionnaire (i.e., the medical clearance letter) to the individual to hand carry to BE or place the medical clearance letter in the BE mail box.

4.2.3.5. **(Added)** If personnel believe emergency-use respirators are required for egress, the workplace supervisor must contact BE. BE will review emergency and/or spill scenarios and select the best egress respirator, if one is required.

6.2.5.5. **(Added)** When the Physician or Other Licensed Health Care Professional recommends against respirator use and the worker's supervisor is notified, the worker's supervisor will formally notify BE. If the worker's annual fit test becomes overdue during the period of workplace limitations, the worker will not be counted against the workplace's numbers. When worker is cleared for respirator use, he/she must acquire a fit test from BE prior to RP use, if they are overdue.

6.3.4.3.1. **(Added)** If the individual responds "yes" to the annual questions, BE will discontinue the fit test and instruct them to proceed to Flight Medicine to fill out a respirator medical evaluation questionnaire. The PLHCP will review the questionnaire and determine if further evaluation is necessary. The individual must inform their supervisor of the situation.

9.3.1. **(Added)** Applicable workplace will provide BE with results of their Breathing Air Quality tests within two weeks of receipt.

10.1.1.3. **(Added)** When personnel obtain the issued M45 mask, they must be fit tested on that specific mask.

10.2.3. **(Added)** A Quantitative Fit Test (QNFT) will be re-accomplished if the wearer is issued gas mask inserts after receiving their initial fit test.

THOMAS E. MURPHY, Colonel, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFOSH Standard 48-137, Respiratory Protection Program, 10 February 2005

T.O. 42B-1-22, Quality Control of Compressed and Liquid Breathing Air

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFOSH—Air Force Occupational Safety and Health

BE—Bioenvironmental Engineering Flight

CFR—Code of Federal Regulations

OI—Operating Instruction

OSHA—Occupational Safety and Health Administration

RPP—Respiratory Protection Program

QNFT- Quantitative Fit Test